

SWORN STATEMENT

State of Michigan

{§

County of _____

_____, being duly sworn, deposes and says:

That (name of company and individual signing this Statement): _____
is the (contractor/sub-contractor) for an improvement to the following described real property situated in
_____ County, Michigan, described as follows: _____

That the following is a statement of each subcontractor, sub-subcontractor, supplier, and laborer, for whom payment of wages or fringe benefits and withholdings is due but unpaid, with whom the (contractor/sub-contractor) has (contracted) (subcontracted) for performance under the contract with the owner or lessee thereof, and that the amounts due to the persons as the date hereof are correctly and fully set forth opposite their names, as follows:

Subcontractors / Sub-subcontractors

Name of Sub-Contractor, address, and phone number	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Amount of Laborer Wages Due	Amount of Laborer Fringe Benefits and Withholding Due By Unpaid
TOTALS:						

(Some columns may not be applicable to all persons listed)

Material/Equipment Suppliers

Name of Supplier, address, and phone number	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Amount of Laborer Wages Due	Amount of Laborer Fringe Benefits and Withholding Due By Unpaid
TOTALS:						

Laborers

Name of Laborer, address, and phone number	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Amount of Laborer Wages Due	Amount of Laborer Fringe Benefits and Withholding Due By Unpaid
TOTALS:						

_____ (check if applicable): See attachment for additional Subcontractors, Suppliers, or Laborers.

Contract Summary

1.	Original Contract:	\$ _____
2.	Deletions and Deductive C/O's: (\$ _____)	
3.	Add C/O's to Date (C/O # _____ through # _____):	\$ _____
4.	New Contract Amount:	\$ _____
5.	Less Previous Payments:	(\$ _____)
6.	Contract Balance Before Payment of This Application (including retention):	\$ _____

That the undersigned has not procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.

The undersigned represents to the owner or lessee of the above-described property and his or her agents that the property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth in this statement and except for claims of construction liens by laborers which may be provided under section 109 of the Construction Lien Act, 1980 PA 497, MCL 570.1109.

WARNING TO OWNER OR LESSEE: AN OWNER OR LESSEE OF THE ABOVE--DESCRIBED PROPERTY SHALL NOT RELY ON THIS SWORN STATEMENT TO AVOID THE CLAIM OF A SUBCONTRACTOR, SUPPLIER OR LABORER WHO HAS PROVIDED A NOTICE OF FURNISHING OR A LABORER WHO MAY PROVIDE A NOTICE OF FURNISHING UNDER SECTION 109 OF THE CONSTRUCTION LIEN ACT, 1980 PA 497, MCL 570.1109, TO THE DESIGNEE OR TO THE OWNER OR LESSEE IF THE DESIGNEE IS NOT NAMED OR HAS DIED.

IF THIS SWORN STATEMENT IS IN REGARD TO A RESIDENTIAL STRUCTURE, ON RECEIPT OF THIS SWORN STATEMENT, THE OWNER OR LESSEE, OR THE OWNER'S OR LESSEE'S DESIGNEE, MUST GIVE NOTICE OF ITS RECEIPT, EITHER IN WRITING, OR BY TELEPHONE, OR PERSONALLY, TO EACH SUBCONTRACTOR, SUPPLIER, AND LABORER WHO HAS PROVIDED A NOTICE OF FURNISHING UNDER SECTION 109 OR, IF A NOTICE OF FURNISHING IS EXCUSED UNDER SECTION 108 or 108A, TO EACH SUBCONTRACTOR, SUPPLIER, OR LABORER NAMED IN THE SWORN STATEMENT. IF A SUBCONTRACTOR, SUPPLIER, OR LABORER WHO IS ENTITLED TO A NOTICE OF RECEIPT OF THE SWORN STATEMENT MAKES A REQUEST, THE OWNER, LESSEE, OR DESIGNEE SHALL THEREUPON PROVIDE THE REQUESTER A COPY OF THE SWORN STATEMENT WITHIN 10 BUSINESS DAYS AFTER RECEIVING THE REQUEST.

WARNING TO DEPONENT: A PERSON WHO GIVES A FALSE STATEMENT WITH INTENT TO DEFRAUD IS SUBJECT TO CRIMINAL PENALTIES AS PROVIDED IN SECTION 110 OF THE MICHIGAN CONSTRUCTION LIEN ACT, 1980 PA 497, MCL 570.1110.

Deponent

Notary

Subscribed and sworn to before me

on this date: _____

Notary Public _____ County, Michigan

My Commission expires: _____

PROOF OF SERVICE OF SWORN STATEMENT

State of Michigan

County of _____

_____, a person of suitable age and discretion, as the duly authorized

agent for _____

being first duly sworn in accordance with the law, deposes and says:

That on this day of _____ he/she mailed the Sworn Statement (a true and exact copy of which is attached hereto) by U. S. Certified Mail and with postage fully prepaid thereon to the following person(s) with the certified number as indicated:

Name / Address

OR

That on this day of _____ he/she personally served a true copy of the Sworn statement (a true and exact copy of which is attached hereto) upon the following person(s) by handing said true copy of said Sworn Statement:

Name/Address

(Signature)

Subscribed and sworn to before me

on this date: _____

Notary Public _____ County, Michigan

My Commission expires: _____